

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		0				
6		0				
7		0				
8		0				
9		1				
10		1				
11		1				
12		0				
13		0				
14		0				
15		1				
16		1				
17		1				
18		2				
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50						
TOTAL IND.	1					
TOTAL DEP.	21					
TOTAL CLAIMS	22					

	IND	DEP	IND	DEP	IND	DEP
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